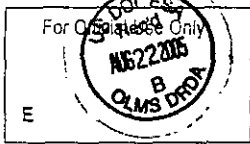


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12828</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Dane A. Simpson</u> P.O. Box, Bldg., Room No., if any Street <u>10 Cedar Dr</u> City <u>Macomb</u> State <u>IL</u> ZIP Code + 4 <u>61455</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 996</u> Labor Organization File Number <u>027-935</u> P.O. Box, Building and Room Number, if any <u>PO Box 410</u> Street <u>107 E. Broad</u> City <u>Roanoke</u> State <u>IL</u> ZIP Code + 4 <u>61561</u>
5. Position in labor organization. <u>Auditor</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount. <u>None</u>

Signature

Dane Simpson

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dane Simpson

On

8/15/05

Date

309 310 2947

Telephone Number

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exists separate and apart from my role as a union officer. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event for these individuals, which I did not report because I don not have any records of these personal encounters and/or have no specific recollection of any benefits received.

Name of Person Filing Dane Simpson	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

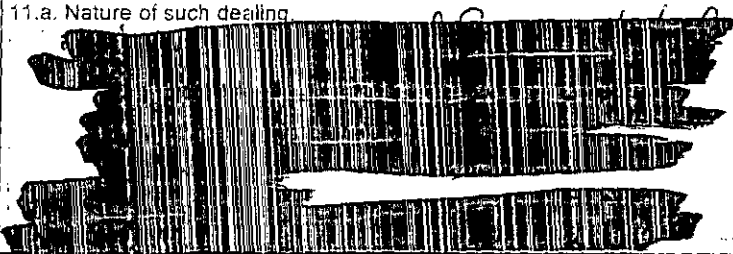

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Illinois Laborers & Contractors Joint Apprenticeship & Training Prog.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street RR 3</p> <p>City mt. Sterling</p> <p>State IL ZIP Code + 4 62353</p>	<p>9. Business deals with:</p> <p><u>a. Labor Organization</u></p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Tough leadership strategy & time saving techniques</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Received room & board</p> <p>\$35 per night X 3 nights</p>
	<p>12.b. Amount. \$105⁰⁰</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lakin Lawfirm</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO Box 229</p> <p>Street</p> <p>City Wood River</p> <p>State IL ZIP Code + 4 62095</p>	<p>14.a. Nature of payment.</p> <p>Received 1 Ticket to Cubs Vs. Cardinals Game</p>
<p>13.b. Is the Business an Employer or Consultant? ?</p>	<p>14.b. Amount of payment. \$146⁰⁰</p>

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Name of Person Filing <u>Dore Simpson</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Midwest Foundation for Fair Cont.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 525</u></p> <p>Street <u>1 N. Old State Capital Plaza</u></p> <p>City <u>Springfield</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62701</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p></p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p><u>Received Salary & Fund Related Expenses</u> <u>for Calendar Year</u></p> <p><u>Salary = 23,369.87</u> <u>Benefits = 12,469.50</u> <u>Fund Related</u> <u>Business Exp = 8,771.78</u></p> <p>12.b. Amount. <u>44,611.15</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Monday, August 15, 2005

US Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Dane Simpson

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Dane Simpson